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 INDICATION FORM**

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| Application Number | 10/595353 |
| Filing Date | 04/12/2006 |
| First Named Inventor | EVANS et al. |
| Title | MEDICAL BANDAGING PRODUCT |
| Art Unit | Not Yet Assigned |
| Examiner Name | Not Yet Assigned |
| Attorney Docket Number | 2765/205US |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

26638

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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| Telephone | Email | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/05)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|----------------------|-----------|-----------------|
| Signature | <i>John C. Evans</i> | Date | 22/03/07 |
| Name | John C. Evans | Telephone | 011441282895293 |
| Title and Company | Inventor | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|----------------------------|
| Signature |  | Date | 20 th March '07 |
| Name | Martin O'Hara | Telephone | 704-331-0600 |
| Title and Company | Inventor | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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